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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)					ATTORNEY DOCKET 86156NAB Customer No. 01333				
To: Commissioner for Patents				Express Mail Label No.					
P.O. Box 1450				•					
Alexandria, VA. 22313-1450				EV 293510640 US					
PT				Date: December 31,20030					
A METHOD AND SYSTEM FOR A MULTI-AXIS				Date:	$\nu \omega$	JINOU	<u> 51,20</u>		
SCANNING MODULE				7				8. F	
First Named Inventor (or Application Identifier):								37 U. 1749	
Roger S. Kerr, et al								2236	
Enclosed are:									
1. X Specification				6.		ignment of the			
2 Shoot(a) of drawing(a)				Eastman Kodak Company 7. Certified copy of a priority					
2. 3 Sheet(s) of drawing(s)									
3. X Information Disclosure Statement Under 37 CFR 1.97.				8. Associate Power of Attorney					
4. Combined Declaration for	r Patent	Application	n and Power of	f Attorney	/ :				
4a. X New									
4b. Copy from a	prior a	pplication (3	37 CFR 1.63(d)) (for con	tinuation/di	visional with B	Sox 11 comple	eted)	
5. <u>Incorporation by R</u>	9.	<u>Del</u>	etion of Invent	or(s).					
checked) The entire disclosure		Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and							
which a copy of the oath or dec is considered as being part of the						ication, see 37	CFR 1.63(d)(2) and	
application and is hereby incor				1.55					
10. If a 111A application				e-identific	ed application	on, amend the	specification a	t Page 1,	
after the title, by ins				22.1					
CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,									
filed, entitled.							,		
If a CONTINUING APPLIC.			-		-		N		
11. Continuation	Divisio		Continuation-	-		prior application	on No: ,		
12. X Please address all w						gal Staff,			
Eastman Kodak Cor Please Direct all tele									
·	-			303-300-2	2720.				
The filing fee has been calculat FOR:		. FILED	NO. EXTRA	A F	RATE	FEE			
BASIC FEE							\$ 770		
TOTAL CLAIMS	34	- 20 =	14		18 =		\$ 252		
INDEPENDENT CLAIMS 2 - 3 = -1 MULTIPLE DEPENDENT CLAIM PRESENTED				x	86 = 1		\$ 0 \$ 0		
MODIFIE DEFENDENT CLAIM FRESENTED					+ 290 TOTAL		\$ 1022		
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 1022									
A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under									
The Commissioner is here	oy audi	orizon to cli	arge arry additi	iviiai IIIIII	5 ices requi	aca anacı			

37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u>.

A duplicate copy of this sheet is enclosed.

Nelson A. Blish/tmp Telephone: 585-588-2720 Facsimile: 585-477-4646 Attorney for Applicants Registration No. 29,134